

Motor
Vehicle
Division
Mail Drop 535M
Insurance Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

# **CERTIFICATE OF SELF-INSURANCE APPLICATION**

26-0501 R01/11 www.azdot.gov

Applicant Name										
Doing Business As	s (DBA) or Subsidiaries (t	hat you wish to include	for covera	age)						
Mailing Address				City				State	Zip	
Coverage Type  Public Liabilit  Nature of Your Bu	y Only	Public Liability and Prop	perty Da	mage	1			Numbe	er of Vehicles in Fleet	
☐ Transport not ☐ Transport ha: ☐ Transport 16 ☐ Transport les ☐ Transport les ☐ None of the a	n-hazardous waste zardous materials (ento or more passengers p s than 16 passengers s than seven passenge	er type, class and wei per vehicle per vehicle			e (taxi se	ervice)				
	List accident in which during the three calend				Calen	dar Year	r Calendar	Year	Calendar Year	
Total Number	of Accidents			<u></u>						
Total Number of Accident Claims Filed Against You										
	Personal Injury –	Settled by Payment								
	Personal Injury –	Settled Without Paym	nent							
	Personal Injury –	Still Pending								
		Personal Ir							1	
	Property Damage –	Settled by Payment							1	
Property Damage – Settled Without Payment										
		Still Pending							+	
	3	Property D								
☐ Yes ☐ No	•	e funds for accident claims? If Yes, d on your attached balance sheet?								
•	information above an sheet and application sfy judgments.						•	-	-	
Applicant Signature					Official Title					
	Acknowledged before me this date.					Notary or MVD Agent Signature				
		Date	County			State	Commission E	xpires		
MVD Use	Date Received	Results  Approved D  D	Denied	R	eviewer			Da	ate Reviewed	

# **Self-Insurance Application Information**

#### Minimum Number of Registered Vehicles

10 All vehicles must be currently registered in Arizona, in the name of the applicant.

### Types of Coverage Authorized by Self-Insurance

Public liability and/or property damage.

#### **Deadline for Filing Application**

The application may be submitted anytime beginning May 1st of each year, but must be received no later than June 1st, to avoid delay in the issuance of the Certificate.

#### **Certification Period**

Once a Certificate has been issued, it is valid until canceled. A Certificate may be canceled for reasonable grounds. A self-insurer will be given five days notice and a hearing prior to cancellation.

## **Filing Requirements**

The application must be notarized and must contain:

- Three-year accident/loss history (last three calendar years)
- Reserve funding amounts
- List of all pending claims
- One of the following:
  - 1. Current profit and loss statement, and a balance sheet certified by a Certified Public Accountant (CPA). Instead of a balance sheet, the last annual report issued within 12 months of the date of application, and certified by a CPA, may be submitted.
  - 2. A one million dollar bond with a surety company authorized to transact business in Arizona.

A new application does not need to be submitted annually, unless requested. Only a current vehicle listing and a balance sheet certification by a CPA must be submitted before July 1st each year.

#### **General Requirements**

Evidence of financial responsibility must be carried in the vehicle at all times. A copy of a Certificate must be carried in each vehicle for which issued. A self-insurer must notify the MVD in writing of any vehicle to be added or removed from the insurance coverage. If self-insurance is no longer desired, new evidence of financial responsibility for all vehicles previously covered by self-insurance must be submitted.

#### For More Information

For more information, please write to the address on the front of this application, or call 602-712-4300.